

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51						
2	1					52						
3	1					53						
4	1					54						
5	1					55						
6	1					56						
7	1					57						
8	1					58						
9	1					59						
10	1					60						
11	1					61						
12	4					62						
13	1					63						
14	1					64						
15	1					65						
16	1					66						
17	2					67						
18	1					68						
19	1					69						
20	1					70						
21	1					71						
22	1					72						
23						73						
24						74						
25						75						
26						76						
27						77						
28						78						
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37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	1					TOTAL IND.						
TOTAL DEP.	27					TOTAL DEP.						
TOTAL CLAIMS	29					TOTAL CLAIMS						